

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-036827

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

SL 18920
1003

Registrar's No.

9504

STATE FILE NUMBER

FILED OCT 1 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN
215 N. Grand, St. Louis, Mo.

Length of stay in 1b
33 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION
VET. ADM. HOSPITAL

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE ILLINOIS b. COUNTY ST. CLAIR

c. CITY OR TOWN E. St. Louis

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)
2305 N. 58th St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First

Middle

Last

ANTHONY

(none)

WALENTIA

4. DATE OF DEATH

Month

Day

Year

OCTOBER

2

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH

4/29/05

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Operator

10b. KIND OF BUSINESS OR INDUSTRY

Midwest Rubber

11. BIRTHPLACE (City and state or country)

Scotland, Glasgow

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

ANTHONY WALENTIA

13b. MOTHER'S MAIDEN NAME

FRANCES NEBERDAUSK

14. NAME OF HUSBAND OR WIFE

- - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

Yes

WW-2

16. SOCIAL SECURITY NO.

- - - - -

17. INFORMANT

Address

Frances Walentia (Mother), Same add. as 2

18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Bronchogenic Carcinoma of Left Lung

INTERVAL BETWEEN ONSET AND DEATH

1621

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 8/30/62 to 10/2/62

10/2/62

xx

10/2/62

Death occurred at 6:35 P.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

VAH, ST. LOUIS, MO.

22c. DATE SIGNED

10/2/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

10/5/62

23c. NAME OF CEMETERY OR CREMATORY

Mount Carmel

23d. LOCATION (City, town, or county)

Belleville, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

E. St. Louis, Ill.

25. DATE RECD. BY LOCAL REG.

OCT 4 1962

26. REGISTRAR'S SIGNATURE

Ed Smith, M.D.

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John J. Kossly III

Licensed Embalmer No. 5039

P. O. Address E. H. Lewis III

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.